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FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000006152 (2)

1. Corporation Name

CECO CONCRETE CONSTRUCTION CORP.

Principal Place of Business

2900 BROOKTREE LANE  
GLADSTONE MO 64119

Mailing Address

2900 BROOKTREE LANE  
GLADSTONE MO 64119-1873



3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

36-3988887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 PINE ISLAND RD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent as directed applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GEORGE WEISS	
STREET ADDRESS	1420 HAZEL AVE	
CITY- ST- ZIP	DEERFIELD IL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MEADOWS, S.H.	
STREET ADDRESS	227 W. MONROE ST	
CITY- ST- ZIP	CHICAGO IL 60606	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GIES, L.W.	
STREET ADDRESS	4225 NAPERVILLE RD	
CITY- ST- ZIP	LISLE IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, D.	
STREET ADDRESS	4225 NAPERVILLE RD	
CITY- ST- ZIP	LISLE IL 60532	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CISCK, DONALD J.	
STREET ADDRESS	5701 COVEVIEW COURT	
CITY- ST- ZIP	PARKVILLE MO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHUSTER, RONALD W.	
STREET ADDRESS	2321 UNIVERSITY COURT	
CITY- ST- ZIP	NAPERVILLE IL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)